

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 30, 2015

Ms. Paula Patorti, Administrator
Our House At Park Terrace
48 South Main Street
Rutland, VT 05701-4163

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 14, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2015
NAME OF PROVIDER OR SUPPLIER OUR HOUSE AT PARK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 48 SOUTH MAIN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted in conjunction with an entity reported incident investigation, by the Division of Licensing and Protection, on 4/13 and 4/14/15. There were regulatory findings.	R100		
R104 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the	R104		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R104 - R303 POC's accepted 4/26/15 BBarber/ame

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R104	Continued From page 1 ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to include the specific room and board rate and the amount of personal needs allowance for 1 of 6 residents, Resident #6. Findings include: During record review on 4/14/15 at 12:30 PM, the admission agreement for Resident #6, who was an Assistive Community Care Services (ACCS) resident, did not have the monetary amounts included when it was signed by him/her upon admission on 6/29/13. Confirmation was made by the manager at this time that there was no evidence to support compliance with the regulation.	R104 R104	Administrator normally signs admission docs - mgrs will check charts upon completion for completion and accuracy. And vice versa if manager facilitates admission docs.	4/14/15
R174 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	R174 R174	lockbox was provided immediately, manager was reminded of the regulation and it's importance - RN will monitor weekly.	4/14/15

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R174	Continued From page 2 facility failed to store medications that required refrigeration in a separate locked container in a refrigerator that is used for food storage. Findings include: During the initial tour, conducted on 4/14/15 at 11:18 AM, the food storage refrigerator located in the kitchen had Humalog and Lantus Insulin Flexipens stored for Resident #3. The insulin was located in the door compartment that is usually used for butter or cheese storage. The house manager confirmed at this time that the insulin should not be stored in the refrigerator without being in a separate locked container.	R174		
R213 SS=E	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview and record review, the facility failed to treat with consideration and respect resident's dignity for 3 of 5 residents, Residents #1, 2 and 4. Findings include: At 3:25 PM on 4/13/15, it was observed that Resident #1, 2 and 4 were in pajamas and seated in the living room, watching television with 2 other residents. Resident #1, 2 and 4 went into the dining room for dinner at 4:55 PM and at 5:15 PM they were seated and eating dinner with other fully clothed residents. Per caregiver at 5:15 PM,	R213 R213	Staff and manager will assure use of appropriate cover for all residents. Careplans will reflect residents who may be subject to disrobing. Mgr, RN & Administrator will monitor.	4/14/15

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R213	Continued From page 3 s/he stated that it is a common practice at the home to have these residents in pajamas by 3:30 PM, because they have "sundowners, even though we can't call it that anymore". S/he further stated that his/her usual routine is to start between 3 and 3:30 PM and bathe Resident #1, 2 and 4 from head to toes and then put them in their pajamas because of their dementia, they tend to get agitated around this time of the day. S/he further stated that the families are aware don't mind. S/he was unable to provide evidence that showed the families were aware and it is not reflected on the care plans. The caregiver further stated that if they were at home, they would probably be fully dressed and not in pajamas at dinner time and that using bathrobes would probably be more dignified.	R213			
R234 SS=B	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to have posted in a public place, the current week's regular and therapeutic menus. Findings include: On 4/13/15 at 10:39 AM, it was noted that a large menu for the month of March was posted in a picture frame on the wall of the main dining room. The house manager, that had accompanied this surveyor, stated that Staples has not finished the menu for April. S/he stated that they are done a month in advance and posted, but it was not	R234 R234	Large Menu in Frame. If print fails manager will copy the small menu and tape it on the Large menu Frame until print is done and in the frame. manager, administrator will monitor.		4/16/15

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R234	Continued From page 4 ready. At 11:09 AM the manager directed me to the April menu, which was posted on the side of the refrigerator and can only be seen by anyone in the kitchen and confirmed at this time that it could not be viewed by residents or other interested parties.	R234		
R251 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that food was stored properly to insure unnecessary handling or contamination in 1 of 2 freezers used for storage of resident foods. Findings include: 1. During the initial tour on 4/13/15, at 11:03 AM, a freezer in the basement that is used to store foods for the residents was found to have no labels on bulk packages of food. Some of these foods were fish, chicken nuggets, broccoli and various types of meats. There were no dates to indicate when the food was placed in the freezer. The manager confirmed, at this time, that the food was not labeled as to content and not labeled as to when placed in freezer. S/he stated that it had been delivered a few days ago and s/he had not had time to arrange it yet. 2. On 4/13/15 at 11:03 AM found in the	R251 R251	All Packages have been sealed and labeled. Staff who accept deliveries have been reminded that everything must be sealed and labeled if not in original packaging. - manager will monitor for compliance daily.	4/16/15

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R251	Continued From page 5 basement freezer that is used for storage of resident food, there was a bag of fish fillets, one of ravioli and another of bacon, that were not sealed. The manager confirmed at this time that the plastic bags were not sealed properly and could not explain why they were not sealed.	R251		
R259 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store poisonous compounds stored in the food storage area in a separate, locked compartment within the food storage area. Findings include: During the initial tour of the kitchen on 4/13/15 at 11:08 AM, there were chemicals located unlocked under the kitchen sink. These chemicals included: Windex window cleaner with ammonia; Hepastat 256 (a disinfectant cleaner); BUG OUT insect spray and Pinesol cleaner. The house manager confirmed this finding at the time of discovery. Upon the arrival of the administrator at 11:18 AM, s/he also confirmed that the chemicals under the sink should be locked.	R259 R259	A lock was installed on Cabinets where products are stored - Staff has been reminded that all products must be in the locked cabinets when not in use. manager will monitor daily.	4/16/15

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R302	Continued From page 6	R302		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide written copy of evacuation of the building with exit routes for the second floor residents. Findings include: During the facility tour on 4/13/15 at 10:45 AM, it was observed that there was no posting of evacuation routes for the second floor. This was confirmed at the time of discovery by the house manager, who had accompanied this surveyor.	R302 R302	Second Floor evacuation diagram has been added in the front and back hall - Manager will monitor for compliance.	4/20/15
R303 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of	R303		

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R303	Continued From page 7 emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to have a list of emergency telephone numbers posted by each telephone. Findings include: During the initial tour of the facility on 4/13/15 at 10:45 AM, it was observed that there was no listing of emergency phone numbers posted anywhere on the second floor. This was confirmed at the time of discovery by the house manager that accompanied this surveyor on the tour.	R303 R303	Emergency telephone Contact list has been placed above the telephone on the second floor. manager will monitor for compliance.	4/16/15

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